2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000023877

1. Entity Name
PALACIOS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O PENINSULA INS. BUREAU INC. 6065 NW 167 STREET - SUITE B-1 MIAMI, FL 33015	C/O PENINSULA INS. BUREAU INC. 6065 NW 167 STREET - SUITE B-1 MIAMI, FL 33015

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0989519

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PALACIOS, JOSE A
5430 SW 88 PL
MIAMI, FL 33165-6746

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PALACIOS, JOSE A
STREET ADDRESS	5430 SW 88 PL
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VP
NAME	PALACIOS, ELSA M
STREET ADDRESS	5430 SW 88 PL
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/08-80024-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1/10/08 (305) 824-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Jose A. Palacios, President